

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10584008

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	1	2	1			
5	1	1	1			
6	1	1	1			
7	1	1	1			
8	1	1	1			
9	1	1	1			
10	1	1	1			
11	1	1	1			
12	1	1	1			
13	1	1	1			
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TOTAL IND.	2		1			
TOTAL DEP.	13	←	12	←		←
TOTAL CLAIMS	15		13			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						